



Tammy S. Cargile
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8100 SEATON PLACE – SUITE A
MONTGOMERY AL 36130-5330
(334) 395-5112
(334) 395-5117 (fax)**

Paperclip a
Photo of
Facility To
Application

APPLICATION FOR REGISTERED ANIMAL EUTHANASIA FACILITY (RAEF)

- Complete each section fully. ***DO NOT LEAVE BLANKS.***
If a section does not apply to you, indicate “*Does Not Apply or N/A*”.
- Use a separate sheet of paper to respond to any questions for which more space is needed.
- Make sure application form is complete, signed, dated and notarized.
- A photograph of the facility must be submitted with application.
- Remit fee(s) by check or money order made payable to the
“Alabama State Board of Veterinary Medical Examiners” or **ASBVME. (Do not send cash)**

ALL INFORMATION MUST BE TYPED OR PRINTED (ILLEGIBLE APPLICATIONS WILL BE RETURNED)

APPLICATION FEE must be submitted with application. **\$ 300.00**

NAME OF FACILITY:

Last First Middle

MAILING ADDRESS:

Street/PO Box City State Zip code

FACILITY PHYSICAL ADDRESS:

(if different from mailing address)

Street/PO Box City State Zip code

FACILITY PHONE: ()

Area code Telephone

FAX:

()

Area code Telephone

FEDERAL ID NUMBER:

DATE ESTABLISHED:

Name & Title of

Executive Officer or Manager:

Social Security #: _____

If facility is run by a governmental body,
please list the name of that body:

Does facility utilize a Carbon Monoxide Chamber?

Yes ☐ No ☐

If Yes, give Chamber & Personnel Certification Information!

CURRENT STAFF VETERINARIAN
OR CONSULTANT:

ADDRESS:

Street/PO Box City State Zip code

BUSINESS PHONE:

()

Area code Telephone

FAX:

()

Area code Telephone

1. List all Employees currently working at this facility.

Name of Employee	Position/Title	Certificate/License Number	How Long Employed

2. Has facility or any employees ever had any certification as an Animal Euthanasia Facility or Technician revoked, suspended, or denied?

☐ No ☐ Yes

If "yes", explain fully on a separate sheet of paper and attach to application form.

3. Has facility personnel ever violated or been subject to any grounds for denial of Certification for:

If "yes" to any question, explain fully on a separate sheet of paper and attach to application form.

- a. Failing to carry out assigned duties? ☐ No ☐ Yes
- b. Employing the use of fraud, misrepresentation, or deception in obtaining the certification? ☐ No ☐ Yes
- c. Performing duties of humanely restraining, capturing, or euthanizing animals in an incompetent or negligent manner? ☐ No ☐ Yes
- d. Performing acts of cruelty upon animals? ☐ No ☐ Yes
- e. Violating any rules of professional conduct? ☐ No ☐ Yes
- i. Aiding or abetting anyone in any of the incidences described in a. through e. above? ☐ No ☐ Yes

4. Is facility currently utilizing a method to provide a drug free workplace or to assist employees who may use or abuse alcohol, prescription drugs or controlled substances?

☐ No ☐ Yes

If "no", explain fully on a separate sheet of paper and attached to application form.

5. All facility personnel have received, read, and understands the Alabama Veterinary Practice Act and its Administrative Code as they apply to Euthanasia Facilities and Technicians?

☐ No ☐ Yes

Name and Title of Contact Person: _____

Signature: _____ Date: _____

Social Security Number (for the Director of the RAEF) _____

State of _____

County of _____

Before me, a Notary Public, duly commissioned and qualified in the above State and County personally came and appeared the applicant indicated hereinabove who, after being duly sworn (affirmed), did depose and state:

“I, the above named applicant, subscribe and swear before the below notary that all answers indicated on this application for certification are true and correct in substance and in fact to the best of my knowledge.”

Full, true and correct signature of applicant

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Signature of Notary Public with seal

Mail completed application
packet with fees to:

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8100 SEATON PLACE – SUITE A
MONTGOMERY AL 36130-5330
PHONE: (334) 395-5112**

ALABAMA STATE CONTROLLED SUBSTANCE # _____

NAME:	AL License #:
MAILING ADDRESS:	
REGISTERED ALABAMA LOCATION ADDRESS OF DEA & SCSR (if different from mailing):	

PLEASE ANSWER THE FOLLOWING:

1. Have you been issued a Federal Bureau of Narcotics and Dangerous Drugs Number (DEA#)? Yes ☐ No ☐ Pending ☐

If yes, give **DEA #** and **Expiration Date:**

(Note: If DEA# pending, Forward DEA# and expiration date immediately upon issue.)

2. Do you keep current records and maintain inventories of controlled substances in conformity with the record keeping and inventory requirements of State and Federal Law? Yes ☐ No ☐

3. Are you in compliance with Federal, State, and/or any local laws relating to controlled substances? Yes ☐ No ☐

4. Have you ever been convicted under any Federal or State Laws relating to controlled substances? Yes ☐ No ☐

If your answer to Question #4 is "Yes", explain below with date of conviction and the nature of charge and punishment received. (Attach additional paper if necessary)

5. Have you ever had your Federal Registration to distribute or dispense controlled substances as authorized by Federal Law revoked or suspended? Yes ☐ No ☐

If your answer to Question #5 is "Yes", explain below with date of conviction and the nature of charge and punishment received. (Attach additional paper is necessary)

6. Have you been voluntarily or involuntarily treated for alcohol or substance abuse in the past ten years? Yes ☐ No ☐

If your answer to Question #6 is "Yes", explain below with dates and nature of treatment. (Attach additional paper is necessary)

I certify that the answers to the above questions are true and correct and are given for the purpose of inducing the Alabama State Board of Veterinary Medical Examiners to issue to the undersigned a State Controlled Substance Registration Number. I understand that if my Federal Registration Number is denied, inactivated, revoked or suspended, my State Controlled Substance Registration Number will be placed in similar status and privileges to dispense, administer, prescribe, maintain or possess controlled substances will cease.

Done this _____ day of _____, 20 ____.

Applicant's Legal Signature

Social Security Number

Attach your check in the amount of **\$25.00** payable to:

Alabama State Board of Veterinary Medical Examiners (ASBVME)
8100 SEATON PLACE – SUITE A
MONTGOMERY, AL 36130-5330
334-395-5112